NPAIHB Regional
Extension Center

MU Reports Tip Sheet

## MU Patient Volume Reports

## MU Performance Measure Reports

## MU CQM Reports

**The following is a "how to" for running each of the 3 kinds of MU reports you'll need to generate at one time or another through the course of you MU journey**

## MU Patient Volume Reports

This report is found in the Third Party Billing Package
The RPMS name for the menu is ABDM MURP MENU
Navigate to this report in your system (below is only an example of the menu path you might follow)
See below for information on what to put at the prompts – my comments are in ***<italics>***

Select IHS Core Option: MU  Reports Menu

```
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
|       THIRD PARTY BILLING SYSTEM - VER 2.6p8        |
+                  Reports Menu                  +
|                   YOUR CLINIC NAME                  |
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
User: JOHNSON,KATIE E                 26-JUN-2012 9:22 AM
```

BRRP Brief (single-line) Claim Listing
DERP Detailed Display of Selective Claims
PRRP Employee Productivity Listing
BLRP Bills Listing
STRP Statistical Billed-Payment Report
PTRP Billing Activity for a Specific Patient
DXRP Listing of Billed Primary Diagnosis
PXRP Listing of Billed Procedures
CHRP Charge Master Listing
PARP PCC Visit Tracking/Audit
VPRP View PCC Visit
CCRP Cancelled Claims Report
CLRP Closed Claims Report
PCRP Pending Claims Status Report
SURP Summarized (multi-line) Claim Listing
MURP MEANINGFUL USE REPORTS ...
TPRP Tribal Payment Report

Select Reports Menu Option: MURP MEANINGFUL USE REPORTS *<choose MURP here>*

```
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
|       THIRD PARTY BILLING SYSTEM - VER 2.6p8        |
+             MEANINGFUL USE REPORTS              +
|                   YOUR CLINIC NAME           |
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
User: JOHNSON,KATIE E                26-JUN-2012 9:22 AM
```

CEMU PATIENT COUNTS & % BY ELIGIBILITY
FEIR Facility EHR Incentive Report
MUPV PATIENT VOLUME REPORTS ...

Select MEANINGFUL USE REPORTS Option: MUPV PATIENT VOLUME REPORTS *<choose MUPV here>*

```
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
|       THIRD PARTY BILLING SYSTEM - VER 2.6p8        |
+             PATIENT VOLUME REPORTS              +
|                   YOUR CLINIC NAME           |
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
User: JOHNSON,KATIE E                26-JUN-2012 9:22 AM
```

VMUP View Report Parameters
PVP Patient Volume Report for Eligible Professionals
EP EP Class - List of Eligible Professionals
PVH Patient Volume Report for Eligible Hospitals
DEF EP Reports Definitions List

Select PATIENT VOLUME REPORTS Option: PVP Patient Volume Report for Eligible Pr
Ofessionals *<choose PVP here>*

```
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
|        THIRD PARTY BILLING SYSTEM - VER 2.6p8          |
+    Patient Volume Report for Eligible Professionals     +
|                        YOUR CLINIC NAME                |
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
User: JOHNSON,KATIE E                  26-JUN-2012 9:22 AM
```

Select one of the following:

1 YOUR CLINIC NAME
2 OTHER
3 All facilities

Select one or more facilities to use for calculating patient volume: 1 YOUR CLINIC NAME
*<choose your clinic here – if you have satellite clinics where the EP practices, include them as well>*
Select one of the following:

1 YOUR CLINIC NAME * *<the star means it has already been selected>*
2 OTHER
3 All facilities

Select one or more facilities to use for calculating patient volume: *<if you do not need to make an additional selections, just hit ENTER here to go on to the next prompt>*

The SEL report determines if INDIVIDUAL Eligible Professionals have met the minimum patient volume requirements on their own patient encounters during a continuous 90-day period in order to be eligible for the Medicaid EHR Incentive Program (Meaningful Use EHR Incentive Program).

The GRP report may be used for EPs who wish to use encounters of all providers at a facility to meet the minimum patient volume requirements during a continuous 90-day period in order to be eligible for the Medicaid EHR Incentive Program (Meaningful Use EHR Incentive Program). When used, all EPs at the facility must use the Group Method. All provider encounters for the entire facility are included in the calculation.

Select one of the following:

SEL Encounter method for each EP
GRP Group method for facilities

Select report type: SEL Encounter method for each EP *<if you want to use the Group method, select that here instead>*

Select NEW PERSON NAME: *<Type in the provider you want to use>*
Select NEW PERSON NAME: *<You may enter more than one provider to run at a time, just keep selecting new providers at this prompt>*

For EPs, the Participation year is a calendar year.

Note: The qualification year is the year prior to the participation year. Patient Volume is calculated on encounters that occurred in the qualification year, which is the year prior to the participation year. To view volume for the current year, select next year as the participation year.

Enter the Participation year for this report: 2012 *<This is very important to remember that the participation year is the year you are working on right now for your provider. The qualification year is the year before. If you are trying to qualify your provider for participation in 2012, then you put 2012 as the participation year and the system will then automatically only look at patient volume data for 2011.>*

Report will be run for a 90-day reporting period. The 90-day period may be automatically calculated or user may select a specific start date.

The automated calculation will return the first 90-day period in the 2011 year in which required patient volumes are met or the 90-day period with the highest volume percentage (first occurrence in the year).

Select one of the following:

A Automated 90-Day Report
B Specific 90-Day Report Period
C User specified Report Period

Enter selection: A Automated 90-Day Report *<Note this can take a while to run. If you know the 90 day time period you want to use, you can choose option B. Most people aren't going to know which time period they want to use, so most choose option A and let the computer find the first 90 day period in the year in which the EP hits 30%. This one will also tell you if there are no 90 day periods in which the 30% is met.>*

Select one of the following:

S Summary Report *<This is the most common one>*
A Abbreviated Summary Report *<This is just a really brief look>*
P Patient List *<This is more for trouble shooting>*

SUMMARY OF PATIENT VOLUME REPORT TO BE GENERATED

Report Name: Patient Volume Report for Eligible Professionals
The date ranges for this report are:
Participation Year: 2012
Qualification Year: 2011
Reporting Period: 90-day beginning 01/01/2011

Report Method Type: Individual

Eligible Professional(s):
YOUR PROVIDER

Facility(s):
YOUR FACILITY

Select one of the following:

P Print Report
R Return to Selection Criteria -Erases ALL previous selections

<P> to Print or <R> to Reselect: Print Report

Note: This report will take a while to run based on the amount of data you have

*<Print this out and save it as part of your audit file>*

# MU Performance Measure Reports

This report is found in the PCC Management Reports
The RPMS name for the menu is APCM MU MAIN MENU
Navigate to this report in your system (below is only an example of the menu path you might follow)
See below for information on what to put at the prompts – my comments are in *<italics>*

```
**********************************
  **   PCC Management Reports    **
**********************************
  IHS PCC Suite Version 2.0

                YOUR CLINIC


MUR    Meaningful Use Performance Reports ...
PLST   Patient Listings ...
RES    Resource Allocation/Workload Reports ...
INPT   Inpatient Reports ...
QA     Quality Assurance Reports ...
APC    APC Reports ...
PCCV   PCC Ambulatory Visit Reports ...
BILL   Billing Reports ...
BMI    Body Mass Index Reports ...
ACT    Activity Reports by Discipline Group ...
CNTS   Dx & Procedure Count Summary Reports ...
IMM    Immunization Reports ...
QMAN   Q-Man (PCC Query Utility)
DELR   Delimited Output Reports ...
CHS    Health Summary Displaying CMS Register(s)
BHS    Browse Health Summary
CLM    Custom letter Management ...
OTH    Other PCC Management Reports/Options ...
IPC    Improving Patient Care Collaborative (IPC) Reports ...
```

Select PCC Management Reports Option: Meaningful Use Performance Reports

```
*****************************************
      **       PCC Management Reports       **
     **   Meaningful Use Performance Reports   **
*****************************************
      IHS PCC Suite Version 2.0
```

```
  MU1P   Stage 1 MU Performance Report-EPs
  MU1H   Stage 1 MU Performance Report-Hospitals
  MUCD   Establish Meaningful Use 'Clean Date'

Select Meaningful Use Performance Reports Option: MU1P  Stage 1 MU Performance Report-EP

*** IHS 2011 Stage 1 Meaningful Use Performance Report for EPs ***

This report determines if primary and secondary providers have met the
minimum requirements to achieve Meaningful Use. The report identifies the
15 Core Performance Measures and 10 Menu Set Performance Measures
designated by the CMS Final Rule for Stage 1, July 28, 2010.

In order to achieve Meaningful Use, a provider must meet all 15 Core
Performance Measures simultaneously. They must also meet 5 of the 10 Menu
Set Performance Measures simultaneously, one of which must be a
designated Public Health Performance Measure. Public Health measures are
identified within the report by an asterisk.

Press Enter to Continue: <enter>


              ******** IMPORTANT NOTICE ********

This report does not verify CMS Medicare or Medicaid EHR Incentive Program
eligibility. Please speak to your Area Meaningful Use Coordinator for
guidance in determining eligibility.

Do you wish to continue to report? Y// YES

A full report will include an itemized listing of all performance measures
and will include a summary report.  The summary report excludes itemized
data.  The full report will produce approximately 40 pages of data for
each provider. Please take this into consideration when running print jobs,
ensuring dedicated time on your printer and sufficient paper supplies
to complete your job.
```

Select one of the following:

F Full Report *<Use this more for trouble shooting>*
S Summary Report *<You'll usually just want this one>*

Enter Selection: F// Summary Report

Report may be run for a 90-day or a one year period.

Select one of the following:

A January 1 - December 31 *<use when you need a full year>*
B User Defined 90-Day Report

Select Report Period: B User Defined 90-Day Report

Enter Start Date for the 90-Day Report (e.g. 01/01/2011): 1.1.12 (JAN 01, 2012)
*<use whatever date you need>*

Historical data from the 90-days immediately preceding the currently selected report period can be included.

IMPORTANT NOTICE: Including previous period data may significantly increase run time.

Do you wish to include the previous period? Y// NO *<include if you think it would be helpful>*

Select one of the following:

IP Individual Provider
SEL Selected Providers (User Defined)
TAX Provider Taxonomy List

Enter Selection: IP Individual Provider *<choose as you see fit – you can run for multiple providers at one time, for the same time period>*

Enter the name of the provider for whom the Meaningful Use Report will be run.

Enter PROVIDER NAME: YOUR PROVIDER

Select one of the following:

I Include ALL Patients
E Exclude DEMO Patients
O Include ONLY DEMO Patients

Demo Patient Inclusion/Exclusion: E// Exclude DEMO Patients

Several Stage 1 Meaningful Use Performance Measures require an attestation of Yes or No for each provider for which the report is being run.

Do you wish to continue? Y// ES *<IMPORTANT: This is where you are telling the report that each of these Y/N attestation measures were met. You should probably have other documentation on hand to back up these answers – see Audit File tip sheet for more information on that>*

Clinical Decision Support: Were any of the following configured during the EHR reporting period: National Clinical Reminders or Health Summary Supplements which include Diabetes Supplement, Pre-Diabetes Supplement, Anti-Coagulation Supplements, Immunization Forecasting and Health Maintenance Reminders?
Does YOUR PROVIDER attest to this? Y// ES

Exchange of Key Clinical Information: Was at least one test performed during the EHR reporting period of the certified EHR technology's capacity to electronically exchange key clinical information?
Does YOUR PROVIDER attest to this? Y// ES

Privacy/Security: Per 45 CFR 164.308 (a)(1), was a security risk analysis conducted or reviewed during the EHR reporting period with security updates implemented and identified deficiencies corrected as part of a risk management process of the certified EHR technology?
Does YOUR PROVIDER attest to this? Y// ES

Clinical Quality Measures: Were ambulatory quality measures reported to CMS during the EHR reporting period?
Does YOUR PROVIDER attest to this? Y// ES

Patient List: Was at least one Patient List Report generated during the EHR reporting period?
Does YOUR PROVIDER attest to this? Y// ES

Timely Electronic Access to Health Information: Was the Personal health Record (PHR) installed during the EHR reporting period?
Does YOUR PROVIDER attest to this? Y// NO *<This is not available to anyone yet>*

Immunization Registries*: Was at least one test performed during the EHR reporting period of the the certified EHR technology's capacity to submit electronic data to an immunization registry and follow-up submission if the test was successful? Note: If none of the immunization registries to which the EP submits information has the capacity to receive the information electronically, then this measure would not apply.

Select one of the following:

Y YES

N NO
X No Registry Available

Does YOUR PROVIDER attest to this: Y// ES

Syndromic Surveillance*: Was at least one test performed during the EHR reporting period of the the certified EHR technology's capacity to submit electronic syndromic surveillance data to a public health agency and follow-up submission if the test is successful? Note: If none of the public health agencies to which an EP submits such information has the capacity to receive the information electronically, then this measure would not apply.

Select one of the following:

Y YES
N NO
X No Registry Available

Does YOUR PROVIDER attest to this: Y// ES

SUMMARY OF 2011 MEANINGFUL USE REPORT TO BE GENERATED

The date ranges for this report are:
Report Period: Jan 01, 2012 to Mar 30, 2012

Providers:
YOUR PROVIDER

Please choose an output type. For an explanation of the delimited file please see the user manual.

Select one of the following:

P Print Report on Printer or Screen
D Create Delimited output file (for use in Excel)
B Both a Printed Report and Delimited File

Select an Output Option: P// rint Report on Printer or Screen

***<The method that you use to print your report is up to you – can use these option, session log, or print to paper – whatever fits your needs>***

Cover Page
Date Report Run: Jun 26, 2012

*** IHS 2011 Stage 1 Meaningful Use Performance Report for EPs ***
Report Generated by: YOUR NAME
Facility Name: YOUR CLINIC
Report Period: Jan 01, 2012 to Mar 30, 2012

Report for:
YOUR PROVIDER

RUN TIME (H.M.S): 0.0.37

This report determines if providers have met the minimum requirements to achieve Meaningful Use. The report identifies the 15 Core Performance Measures and 10 Menu Set Performance Measures designated by the CMS Final Rule for Stage 1, July 28, 2010.

In order to achieve Meaningful Use, a provider must meet all 15 Core Performance Measures simultaneously. They must also meet 5 of the 10 Menu Set Performance Measures simultaneously, one of which must be a designated Public Health Performance Measure. Public Health measures are identified within the report by an asterisk.

Definitions used in this report:

REPORT PERIOD:
This report can be run to display a specified calendar year or a specified 90-day period. For demonstrating Meaningful Use through the Medicare EHR Incentive Program, the reporting period for the first year is any continuous 90-day period. In subsequent years, the EHR reporting period is the entire year. Under the Medicaid program achieving Meaningful Use and receiving an incentive payment may be awarded for merely adopting, implementing or upgrading to certified EHR technology. Consequently, there is no Medicaid reporting period for year one. The second participation year, during which Meaningful Use must be demonstrated, the reporting period is 90 days and all subsequent reporting periods are a full year.

CURRENT/PREVIOUS PERIOD:
Values in the Current Period column indicate percentage values for Performance Measures that were numerically calculated during the reporting period. The user was prompted to answer a Yes or No question for attestation measures that could not be verified through RPMS. These measures display Yes/No values in the Current Period.

Previous Period values display the time frame immediately preceding, and the same length as, the selected reporting period. For example, if a user selects to run the report for October 1, 2011 through December 31, 2011, the Previous Period values displayed are for July 1, 2011 through September 31, 2011. Attestation values for the Previous Period will display "N/A."

MEASURE EXCLUSION:
Indicates the conditions under which the provider is entirely exempt from having to meet the performance measure.

DENOMINATOR EXCLUSIONS:
Describes specific data, or types of data, that are to be ignored when computing the count of items included in the denominator.

STAGE 1 MEASURE:
Each objective has a minimum performance threshold to meet - or "Performance Measure." The measure or target value displayed indicates the minimum percentage required by CMS for Stage 1.



*** IHS 2011 Stage 1 Meaningful Use Performance Report for EPs ***
Provider Name: YOUR PROVIDER
Report Period: Jan 01, 2012 to Mar 30, 2012

STAGE 1 EP MEANINGFUL USE PERFORMANCE REPORT SUMMARY

| Performance Measures | Excl ? | # Den | # Num | Current Period | Prev Period | Stage 1 Target | Attest ? |
|---|---|---|---|---|---|---|---|
| CORE MEASURES | | | | | | | |
| 1. CPOE (Medication Only) | No | 471 | 468 | 99.4% | 0.0% | >30% | N/A |
| 2. e-Prescribing | No | 1,478 | 1,431 | 96.8% | 0.0% | >40% | N/A |
| 3. Demographics | N/A | 511 | 493 | 96.5% | 0.0% | >50% | N/A |
| 4. Problem List | N/A | 511 | 476 | 93.2% | 0.0% | >80% | N/A |
| 5. Medication List | N/A | 511 | 507 | 99.2% | 0.0% | >80% | N/A |
| 6. Med Allergy List | N/A | 511 | 487 | 95.3% | 0.0% | >80% | N/A |
| 7. Vital Signs | No | 487 | 478 | 98.2% | 0.0% | >50% | N/A |
| 8. Smoking Status | No | 435 | 425 | 97.7% | 0.0% | >50% | N/A |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9. Elec Copy Health Info | Yes | 0 | 0 | 0.0% | 0.0% | >50% | N/A |
| 10. Clinical Summaries | No | 511 | 260 | 50.9% | 0.0% | >50% | N/A |
| 11. Drug-Drug/Drug-Allergy | N/A | N/A | N/A | N/A | N/A | Yes | Yes |
| 12. Clinical Dec Support | N/A | N/A | N/A | N/A | N/A | Yes | Yes |
| 13. Exch Key Clinical Info | N/A | N/A | N/A | N/A | N/A | Yes | Yes |
| 14. Privacy/Security | N/A | N/A | N/A | N/A | N/A | Yes | Yes |
| 15. CQM | N/A | N/A | N/A | N/A | N/A | Yes | Yes |
| MENU SET MEASURES | | | | | | | |
| 1. Lab Results into EHR | No | 8,508 | 7,096 | 83.4% | 0.0% | >40% | N/A |
| 2. Patient Reminders | No | 1,147 | 53 | 4.6% | 0.0% | >20% | N/A |
| 3. Timely Elec Access | N/A | 511 | 511 | 100.0% | 0.0% | >=10% | N/A |
| 4. Patient-Spec Education | N/A | 511 | 271 | 53.0% | 0.0% | >10% | N/A |
| 5. Med Reconciliation | No | 771 | 57 | 7.4% | 0.0% | >50% | N/A |
| 6. Summary of Care | Yes | 0 | 0 | 0.0% | 0.0% | >50% | N/A |
| 7. Patient List | N/A | N/A | N/A | N/A | N/A | Yes | Yes |
| 8. Drug-Formulary | No | N/A | N/A | N/A | N/A | Yes | Yes |
| 9. Immunization Registry* | No | N/A | N/A | N/A | N/A | Yes | Yes |
| 10. Syndromic Surveill.* | No | N/A | N/A | N/A | N/A | Yes | No |

* Indicates Public Health Perfomance Measure. At least one must be selected in the Menu Set options.

# MU CQM Reports

This report is found in the CRS Package
The RPMS name for the menu is BGP MU MAIN MENU
Security keys needed: BGPZMENU
Navigate to this report in your system (below is only an example of the menu path you might follow)
See below for information on what to put at the prompts – my comments are in *<italics>*

```
**************************************************
**    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
**************************************************
                     Version 12.1
```

```
CI12   CRS 2012 ...
CI11   CRS 2011 ...
CI10   CRS 2010 ...
CI09   CRS 2009 ...
CI08   CRS 2008 ...
CI07   CRS 2007 ...
```

```
          ********************************
          **      IHS/RPMS CRS 2012      **
          **  Clinical Reporting System  **
          ********************************
                     Version 12.1
```

```
RPT    Reports ...
SET    System Setup ...
```

Select option: RPT Reports

```
*************************
**   IHS/RPMS CRS 2012  **
**     Reports Menu     **
*************************
       Version 12.1

NTL    National GPRA & PART Reports ...
LOC    Reports for Local Use: IHS Clinical Measures ...
OTH    Other National Reports ...
TAX    Taxonomy Reports ...
MUP    Meaningful Use Clinical Quality Measure Reports ...

                  *********************************
                  **      IHS/RPMS CRS 2012      **
                  **  Meaningful Use Reports Menu  **
                  *********************************
                         Version 12.1

EP     EP Clinical Quality Measures Report Stage 1
HOS    Hospital Clinical Quality Measures Report Stage 1

Select Meaningful Use Clinical Quality Measure Reports Option: EP  EP Clinical Q

          IHS Meaningful Use Clinical Quality Measure Report
       Report on all Patients regardless of Community of Residence

This will produce a Clinical Quality Measure Report for one or more measures
for a period you specify.  You will be asked to provide: 1) the length of the
reporting period , 2) the desired start date for your reporting period and,
3) the baseline period to compare data to.

    Select one of the following:

       1       90-Days
       2       One Year <use this one when you need 1 year>

Enter the reporting period length for your report: 1  90-Days

Enter the reporting period start date.
```

Enter Date: 1.1.12 (JAN 01, 2012) *<enter whatever date you need here – IMPORTANT: make sure the start date is the same as your Performance Measure Report start date>*

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000): 2011 (2011)

The date ranges for this report are:
Report Period: Jan 01, 2012 to Mar 30, 2012
Previous Year Period: Jan 01, 2011 to Mar 31, 2011
Baseline Period: Jan 01, 2011 to Mar 30, 2011

Which Eligible Provider: YOUR PROVIDER

Select one of the following:

CM Core Measures
ACM Alternate Core Measures
MSM Menu Set Measures
SEL Selected Measures (User Defined)

Which set of Measures should be included in this report: SEL Selected Measures
*<The reason I chose the SEL option is that this is a little bit of a "short cut" that allows you to get the Core, Alternate Core (if needed), and Menu Measures all in one report>*

PERFORMANCE MEASURE SELECTION Jun 26, 2012 08:48:14 Page: 1 of 3
IHS Meaningful Use Clinical Quality Measures
* indicates the clinical quality measure has been selected

1) (C) Adult Weight Screening and Follow-Up
2) (C) Hypertension Blood Pressure Measurement
3) (C) Preventive Care and Screening: Tobacco Use Assessment
4) (C) Preventive Care and Screening: Tobacco Cessation Intervention
5) (A) Influenza Immunization for Patients => 50 Years Old
6) (A) Weight Assessment and Counseling for Children and Adolescents
7) (A) Childhood Immunization Status
8) (M) Diabetes: HbA1c Poor Control
9) (M) Diabetes: HbA1c Control < 8%
10) (M) Diabetes: Urine Screening
11) (M) Diabetes: Blood Pressure Management
12) (M) Diabetes: Eye Exam
13) (M) Diabetes: Foot Exam
14) (M) Diabetes: LDL Management and Control
15) (M) Diabetic Retinopathy: Macular Edema and Severity of Retinopathy
16) (M) Diabetic Retinopathy: Communication to Provider of Diabetes Care
+ Enter ?? for more actions

16) (M) Diabetic Retinopathy: Communication to Provider of Diabetes Care
+ Enter ?? for more actions
S Select Measure D De Select Measure Q Quit
Select Action:+// S Select Measure

Which item(s): (1-45): 1,2,3,4,?,?,? ***<To select the Core Measures, choose items 1,2,3, and 4 (the ones with a (C). Then, select 3 more that are marked with and (M) – any 3 of these that you want. You only need to use the Alt Core (marked with (A) if one of your Core CQMs comes up with a denominator of zero. You won't know if that is the case until you run the report the first time. I would suggest choosing the core measures, knowing that is it likely you'll just be able to use those. If you see on your report that one or more of the core measures has a denominator of zero, then go back and run the report again, but choose one or more of the Alt Core measures to substitute for your zero denominator core measure(s).>***
PERFORMANCE MEASURE SELECTION Jun 26, 2012 08:50:50 Page: 1 of 3

+ Enter ?? for more actions
S Select Measure D De Select Measure Q Quit

PATIENT LISTS

You do not have the security access to print patient lists.
Please see your supervisor or program manager if you feel you should have
the BGPZ PATIENT LISTS security key.

Press enter to continue:

Select one of the following:

1 Indian/Alaskan Native (Classification 01)
2 Not Indian Alaskan/Native (Not Classification 01)
3 All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 3// All (both Indian/ ***< we do need to report on all patients for those clinics that see non-AI/AN patients>***

SUMMARY OF MEANINGFUL USE CLINICAL QUALITY MEASURE REPORT TO BE GENERATED

The date ranges for this report are:
Report Period: Jan 01, 2012 to Mar 30, 2012
Baseline Period: Jan 01, 2011 to Mar 30, 2011

ALL Patients will be included.

These measures will be calculated:
Adult Weight Screening and Follow-Up
Hypertension Blood Pressure Measurement
Preventive Care and Screening: Tobacco Use Assessment

Preventive Care and Screening: Tobacco Cessation Intervention
Plus the 3 others you choose….

Lists will be produced for these measures:

Please choose an output type. For an explanation of the delimited file please see the user manual.

Select one of the following:

P Print Report on Printer or Screen
D Create Delimited output file (for use in Excel)
X Create an XML output file

Select an Output Option: P// Print Report on Printer or Screen

*<Again, choose the type of output that suits your needs>*

*<The report that is produced is quite lengthy and prints the logic and definitions of the measures…not included in this document – below is an example of the actual numbers you will be looking at with some comments added>*

*** IHS Stage 1 Meaningful Use ***
*** Eligible Professional (EP) Clinical Quality Measures Report ***
Report Period: Jan 01, 2012 to Mar 30, 2012
Previous Period: Jan 01, 2011 to Mar 31, 2011
Baseline Period: Jan 01, 2011 to Mar 30, 2011

---

Adult Weight Screening and Follow Up, NQF 0421/PQRI 128

| | REPORT PERIOD | | PREV YR PERIOD | | CHG FROM BASE PREV YR | | % YR |
|---|---|---|---|---|---|---|---|
| Denominator 1 | | | | | | | |
| Pts 65+ | 62 | | 64 | | 62 | | |
| # Excluded (Exc) | 4 | | 0 | | 0 | | |
| Pts 65+ less Exc | 58 | | 64 | | 62 | | |
| # w/BMI + plan if req | 23 | 39.7 | 26 | 40.6 | -0.9 | 26 | 41.9 |
| # w/o BMI or no plan if req | ***35*** | 60.3 | 38 | 59.4 | +0.9 | 36 | 58.1 |
| Denominator 2 | | | | | | | |
| Pts 18-64 | 202 | | 225 | | 225 | | |
| # Excluded (Exc) | 9 | | 19 | | 19 | | |
| Pts 18-64 less Exc | 193 | | 206 | | 206 | | |
| # w/BMI + plan if req | 50 | 25.9 | 29 | 14.1 | +11.8 | 29 | 14.1 |
| # w/o BMI or no plan | ***143*** | 74.1 | 177 | 85.9 | -11.8 | 177 | 85.9 -11.8 |

## Key Numbers

This print out can be a little cluttered – here are some tips on interpreting it:

Denominator 1 – use the number after the excluded patients have been removed – in this case = 58 is your actual denominator

Denominator 2 = 193 (same as above, remove the excluded patients)

(Not all CQMs will have multiple denominators nor will they all have excluded patient numbers)

Numerator is the number of patients meeting the measure. In this example = 23 and 50 for their respective patient populations.

You can ignore the patients not meeting the measure, in this example, the 35 and 143.

*<Each measure may have 1 or more targeted populations depending on the specific measure. If more than one patient population exists, all values must be reported. Example is this measure, you'll need to report it for patients 65 and over as well as patients 18-64.>*